

HPF-SUR-001 Page 1 of 2 Rev: 1 3/25/05	RADIATION CONTROL GROUP RADIOLOGICAL SURVEY FORM	Page ____ of ____
AREA (map reference if applicable) HALL C	Accelerator Operating Conditions	Instrument: _____ Serial #: _____ Cal. Due: _____
Reason for survey:		

Legend

All readings are in mR/h whole body unless noted

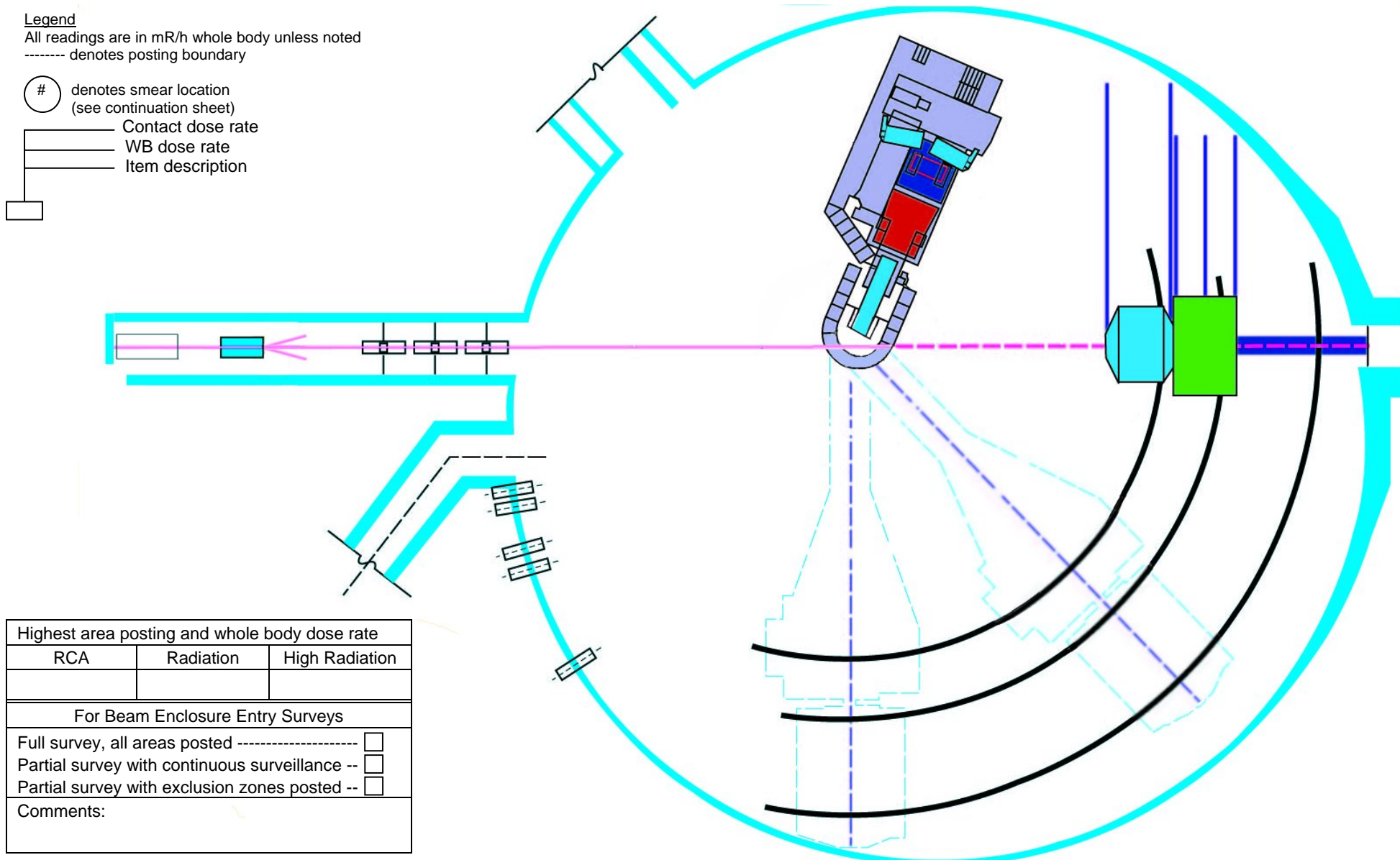
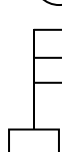
----- denotes posting boundary

denotes smear location
(see continuation sheet)

Contact dose rate

WB dose rate

Item description



Highest area posting and whole body dose rate		
RCA	Radiation	High Radiation
For Beam Enclosure Entry Surveys		
Full survey, all areas posted -----	<input type="checkbox"/>	
Partial survey with continuous surveillance --	<input type="checkbox"/>	
Partial survey with exclusion zones posted --	<input type="checkbox"/>	
Comments:		

Performed by:	Date/Time:	Crew Chief Review:	RCG Review:
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